

REPORT OF KEROSENE AND OTHER RECEIPTS
RECEIVED AND/OR BLENDED WITH DYED DIESEL

Tax Paid by Consignee

| Name and Address of Dealer | | Report for Month of _____, 20____ | | | INSTRUCTIONS: This report must be completed by all licensed special fuels dealers who have received kerosene or other receipts or any blending of these with special fuels. Use a separate line for each shipment and reflect the total gallons on line 4 of Form 72A200. | | | |
|--|---------|-------------------------------------|--------|-------------|--|---------------------|--------------------|---------------------|
| Name and Address of Consignor <i>(List vendor on succeeding line if different from consignor)</i> | Carrier | Truck No. Car Initial and No. | Origin | Destination | Invoice Number | Date of Shipment | Date of Receipt | Gallons Received |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| TOTAL | | | | | | | | |